

PUBLIC HEARING TO RECEIVE PUBLIC TESTIMONY AND COMMENTS

IN RE: PROPOSED 2023 HEALTH INSURANCE RATE INCREASE

Golden Rule Insurance Company Pre-ACA Policies
Wellmark, Inc., Pre-ACA Policies
Wellmark Health Plan of Iowa Pre-ACA Policies
Medica Insurance Company ACA Policies
Oscar Insurance Company ACA Policies

IOWA INSURANCE COMMISSIONER DOUG OMMEN, Presiding

Also Present: SONYA SELLMEYER
Consumer Advocacy Officer

Saturday, August 20, 2022
9 a.m.

VOLUME I

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P R O C E E D I N G S

MS. SELLMEYER: Good morning.

COMMISSIONER OMMEN: Yes, good morning.

Welcome to those of you who are attending today.

I am Commissioner Doug Ommen. We're here to receive comments on rate filings that were submitted in our individual health insurance market. This is a proceeding that's required by law so thank you for being here today.

Rate filings that are under consideration today include individual plans that are compliant with the Affordable Care Act, individual plans that were grandfathered under the Affordable Care Act, and plans that are known as transition plans, or more colloquially, grandmothers plans.

Although the letter of the law, the Affordable Care Act provides that these transition plans are prohibited, Presidents Obama, Trump, and now Biden have annually announced that the Affordable Care Act will not be enforced for policyholders who want to keep these plans. However, the companies are prohibited under the ACA from offering these same plans to new participants. This is impacting the risk pools because the companies cannot add newer, younger, or healthier participants to replace those

1 who leave these plans.

2 First I want to introduce to my left here
3 Consumer Advocate Sonya Sellmeyer.

4 As mentioned, today's purpose of the hearing
5 is to gather comments and information from
6 individuals who are going to be impacted by rates
7 that have been submitted in these plans. Our rate
8 review authority is primarily a function of balancing
9 the total dollars paid out to cover health care costs
10 in the form of claims for a particular insurance pool
11 with a mix of rates that are designed to collect
12 enough premium to cover those claims. In reviewing
13 the rates, the impact of the rates, however, is
14 important.

15 Iowa Code, Section 505.19, requires I
16 convene a public hearing on proposed individual
17 health insurance rate increases which exceed the
18 average annual health spending growth rate. This
19 annual health spending growth rate is published by
20 the Centers for Medicare and Medicaid Services of the
21 United States Department of Health & Human Services.
22 For 2023, it's my understanding the health spending
23 growth rate is 5.4 percent.

24 For today's hearing I am primarily
25 interested in hearing from individuals who would be

1 impacted in the plan rate increases that are under
2 consideration today. I will hear comments from all
3 members of the public but the primary issue is the
4 affordability for those who actually have coverage in
5 these plans.

6 Materials regarding the proposed rates can
7 be found on our website.

8 Ms. Sellmeyer, do you have the place, the
9 location in which those can be found on our website?

10 MS. SELLMEYER: Yes. If you Google Iowa
11 Insurance Division, our website will come right up
12 and then you go to News. And then on the News
13 portion of the website, there is a link that says
14 "Health Insurance Rate Increase," and that
15 information is on there listed--divided out by
16 company. A copy of the agenda for today's hearing is
17 also on there as well as I had posted one in the chat
18 as well.

19 COMMISSIONER OMMEN: All right. Thank you.

20 All right. So today we're going to go
21 through the rates that have been submitted and are
22 subject to hearing and with that we will begin with
23 Golden Rule Insurance Company. These are pre-ACA
24 policies. As mentioned, published on our website are
25 summaries for each of the plans under consideration

1 today.

2 Under the laws, the Insurance Commissioner,
3 and my staff, which includes actuaries, we carefully
4 review the proposed rates. We assess the rate plans
5 in terms of what premium is needed to be collected in
6 order to cover the claims that are experienced in
7 that particular segment of the market.

8 So for today's hearing we'll start with
9 those that are in attendance here in the hearing
10 room. The hearing is on the record so we have a
11 court reporter who will be transcribing what is said.
12 So if you're speaking and giving comments, it's
13 important for you to identify yourself.

14 And then to facilitate that process, we'll
15 make sure that we handle all of the received
16 testimony from all those within the room, and then
17 following that we'll go with those that are appearing
18 virtually under--through our teleconferencing
19 process.

20 So as I mentioned, and previously
21 introduced, Sonya Sellmeyer is our Iowa insurance
22 Consumer Advocate, so we're going to begin with her
23 first.

24 Ms. Sellmeyer, is there anything you wish to
25 offer with regards to your testimony?

1 MS. SELLMEYER: Yes. Thank you,
2 Commissioner.

3 I will start just real quick with some
4 housekeeping. With regards to those in attendance,
5 either via phone or the Zoom virtual link, if you are
6 on the Zoom link, you have been muted and if you
7 would like to speak, you can please press star 9 to
8 raise your hand and our host on the Zoom link will
9 let you know when you're able to talk.

10 If you're on the virtual feed, you are also
11 muted. Again, if you would like to make a comment
12 regarding one of the health care attendee rate
13 increases--or the health care company's rate
14 increases, please raise your hand via the reactions
15 button at the bottom and you will be unmuted when
16 it's your turn to speak.

17 I will also give some blanket testimony that
18 will apply to all of the companies subject to this
19 hearing, all five of them, so that I don't have to
20 read it five times and I will start with that now and
21 then I will specifically go into Golden Rule.

22 Iowa Code 505.19 sets forth procedures for
23 health insurance rate increase requests exceeding the
24 average annual health spending growth rate of 5.4
25 percent published by the Centers of Medicare and

1 Medicaid Services, also known as CMS. The procedure
2 includes a requirement that the Consumer Advocate
3 solicit public comments on the proposed rate
4 increase, provide the comments received by the public
5 on the internet, and present the public testimony and
6 comments received by the Commissioner of Insurance
7 for consideration before a decision is made on the
8 proposed rate increase.

9 Two separate and independent reviews are
10 conducted, as mentioned by the Commissioner, to
11 determine whether or not the carrier's rate change
12 proposal is reasonable and justified. First, the
13 Iowa Insurance Division's health team, which includes
14 an actuary, conducts an independent review of the
15 company's proposal. Second, an outside consulting
16 actuary independently conducts another review.

17 Before a recommendation is made to the
18 Commissioner pending approval, disapproval, or
19 modification of the proposal, both review teams must
20 be in substantial agreement on the rate
21 recommendation. The dual review system has been in
22 place since 2008.

23 The Affordable Care Act, or the ACA,
24 requires health insurers to submit data on the
25 portion of premium revenues spent on clinical

1 services and quality improvement, also known as the
2 Medical Loss Ratio or MLR. It also requires health
3 insurers to issue rebates to enrollees if this
4 percentage does not meet minimum standards.

5 The ACA requires health insurance companies
6 to spend at least 80 percent of premium dollars on
7 medical care, with the rate review provisions
8 imposing tighter limits on health insurance rate
9 increases.

10 As of 2012, if an insurer fails to meet the
11 applicable MLR standard, the issuer is required to
12 provide a rebate to its consumers. Rate proposals
13 are only approved if the projected Federal MLR is
14 expected to satisfy that 80 percent standard.

15 For all medical health insurance rate change
16 proposals, both rate review teams analyze the
17 carrier's experience, being their claims, premiums,
18 loss ratios, trend assumption, which is the growth in
19 the cost of the claims caused by unit cost increase,
20 as well as utilization increases and other
21 assumptions to determine if the rate increase
22 proposal is reasonable and justified.

23 Both rate review teams employ sophisticated
24 procedures, forecasting models, and scenario testing
25 to gauge the reasonableness of the proposal. This

1 type of analysis utilized, the procedures and
2 methodology, and the overall process have developed
3 over a period of numerous years. Shortly after the
4 passage of the ACA, an actuarial consulting firm, the
5 INS Companies out of Philadelphia, Pennsylvania,
6 conducted an in-depth analysis of the Iowa Insurance
7 Division's rate review process and found it to be
8 thorough, reasonable, and actuarially sound.

9 The State of Iowa is considered to have an
10 Effective Rate Review, ERR, program to keep--program
11 in place by CMS. With the ERR designation by CMS, as
12 well as the process described earlier, the public
13 should be confident that any decision rendered after
14 this hearing was thoroughly vetted.

15 Congress has taken steps in the last two
16 years to subsidize the cost of insurance on the ACA
17 market. In the past, a household was not eligible
18 for a premium tax credit unless their household
19 income was between 100 and 400 percent of the Federal
20 poverty level for their family's size.

21 With the American Rescue Plan Act, ARPA,
22 income levels above 400 percent are allowed to claim
23 a tax credit for the 2021 and 2022 tax years. The
24 recently signed Inflation Reduction Act further
25 extends ARPA's enhanced subsidies and further lowered

1 the ACA percentage of income paid toward premiums
2 through 2025 and, thus, eliminating the subsidy cliff.

3 In 2022, after advance premium tax credits,
4 nearly 40 percent of Iowa policyholders pay premiums
5 less than 10 percent, and the average Iowa premium
6 after the APTC is \$90.

7 And we have a chart here, if it will allow
8 me to share my screen, that we also have for the
9 attendees in the room that shows what I just
10 discussed there. The more than 400 percent of the
11 Federal poverty level only is going to pay 8.5
12 percent of their income now with the legislation that
13 was passed this last couple of years. Thus, the ACA
14 market is worth taking a look at and--during open
15 enrollment or after a family or work change.

16 I will now present my testimony in regards
17 just to Golden Rule. And, again, that was a blanket
18 statement that will apply to all of the companies
19 under review here.

20 Golden Rule Insurance Company is seeking a
21 proposed rate increase of 14 percent on all their
22 pre-ACA grandfathered and transitional blocks of
23 business covering approximately 1,700 Iowa lives. As
24 the amount proposed exceeded the most current average
25 annual income health spending growth rate of 5.4

1 percent, the Consumer Advocate solicited comments
2 regarding the proposed increase.

3 Using the actuarial process that I have
4 described, the actuarial teams found the following:

5 Past loss ratios for this block of business
6 have averaged just under 82 percent during the last
7 seven years.

8 In the absence of a rate increase for the
9 calendar year 2023, the Iowa Insurance Division
10 projected loss ratios for this block to be
11 approximately 90 percent.

12 IID trend models justify a trend growth rate
13 increase of 11 percent based upon a review of the per
14 member per month claims and adjusted calendar
15 loss--year loss ratio.

16 With the high current loss ratios and the
17 consistent growth of claims, the Iowa Insurance
18 Division's 2023 projected loss ratio is approximately
19 79 percent after the 14 percent rate increase is
20 implemented.

21 After adjustments are made to account for
22 taxes, license, and fees in the Federally prescribed
23 Medical Loss Ratio formula, the Iowa Insurance
24 Division's 2023 projected Medical Loss Ratio is
25 approximately 82 percent after the increase is

1 implemented.

2 In the event that that Medical Loss Ratio
3 dips below the 80 percent with the revised rates over
4 a three-year rolling basis, affected Iowans could
5 receive a rebate under Federal law.

6 The average premium increase for this
7 suggested rate--proposed rate increase is
8 approximately \$54 a month, approximately an average
9 of \$441 is the projected 2023 premium, less \$387 for
10 the current average premium. This is an average
11 based upon all members, all group ages, all benefit
12 levels, all geographical regions.

13 The Consumer Advocate has received zero
14 comments from policyholders or members of the public
15 regarding this proposed rate increase.

16 In summary, the average premium increase is
17 approximately \$54 a month. This is an average based
18 upon members, all age groups, all benefit plans, all
19 geographic regions. Again, no comments have been
20 received as of Thursday's date, August 18th.
21 However, comments may continue to be received until
22 the Commissioner makes a final decision on the
23 proposed rate increase. Any additional comments
24 received before the Commissioner's decision, but
25 after the presentation of this testimony, will be

1 recorded on the public rate hearing website.

2 I do not believe we have anyone in the room
3 that would like to comment on Golden Rule. I do
4 believe we have someone on the line from Golden Rule.

5 Carol?

6 COMMISSIONER OMMEN: Before we go to Carol,
7 let me just make a general call for are there any
8 individuals, any policyholders with Golden Rule who
9 wish to offer a comment?

10 (No response.)

11 COMMISSIONER OMMEN: All right. Hearing
12 none, with that we'll now turn to you. It's my
13 understanding, Carol--well, let me just ask. Is
14 there someone from Golden Rule who wishes to offer
15 comment?

16 MS. CAROL TROCINSKI: Good morning. This is
17 Carol Trocinski. Sorry.

18 COMMISSIONER OMMEN: No, you're fine, Carol.
19 Good morning.

20 MS. CAROL TROCINSKI: Are you folks ready to
21 go?

22 COMMISSIONER OMMEN: Yes. Go ahead.

23 MS. CAROL TROCINSKI: Well--here, I'm going
24 to--

25 COMMISSIONER OMMEN: Carol, we were hearing

1 you. We're now not hearing you, if you're speaking.

2 Todd, is she reflected as being muted or an
3 open mic?

4 MR. FULLESTAD: She's still--she's still
5 unmuted.

6 MS. CAROL TROCINSKI: Good morning again.

7 MS. SELLMEYER: Good morning.

8 MS. CAROL TROCINSKI: Is there an echo?

9 MS. SELLMEYER: No.

10 COMMISSIONER OMMEN: We're able to hear you
11 fine.

12 MS. CAROL TROCINSKI: Okay.

13 COMMISSIONER OMMEN: If you have an echo,
14 you can just ignore it.

15 MS. CAROL TROCINSKI: Okay. I can talk to
16 my echo, don't worry about that.

17 COMMISSIONER OMMEN: All right.

18 MS. CAROL TROCINSKI: Good morning. My name
19 is Carol Trocinski. I'm director of regulatory
20 affairs for United Healthcare in the State of Iowa.
21 Thanks for the opportunity to listen to comments and
22 represent Golden Rule Insurance Company, a United
23 Healthcare company.

24 As you're aware, Golden Rule Insurance
25 Company filed a request for a rate adjustment of 14

1 percent for the proposed effective date of 1-1, 2023.
2 This rate increase is projected to affect
3 approximately 1,700 customers in the State of Iowa.

4 The 14 percent we are requesting is to cover
5 the current health care costs, expenses for the
6 membership, increasing costs of medical services, and
7 increased utilization.

8 We continue to look for ways to limit health
9 and cost increases and be able to provide affordable
10 care in the State of Iowa.

11 We're hopeful that the Iowa Insurance
12 Division will approve our rate increase as it's based
13 on our sound actuarial principles and methods and a
14 direct representation of expected medical costs for
15 the book of business.

16 At this point in time that would end my
17 comments. Thank you for the opportunity to provide
18 these.

19 COMMISSIONER OMMEN: All right. Thank you.

20 With that I want the record to reflect the
21 public testimony of Consumer Advocate Sonya Sellmeyer
22 is received into the record. And in addition to
23 that, I have other notes concerning the fact that no
24 one has been here to offer additional comments, but
25 as mentioned by Ms. Sellmeyer, the record will be

1 remain--will remain open.

2 So, Ms. Sellmeyer, I just ask that you keep
3 that information available, that notice available on
4 our website so that consumers who maybe have not yet
5 submitted but would like to avail themselves of the
6 opportunity to provide comment are permitted to do so
7 and I would look forward to you supplementing the
8 record between now and the time that I do render my
9 decision.

10 With that, the record with regards to the
11 Golden Rule Insurance Company submission will be at
12 this time taken under advisement.

13 With that, we will now move to rate
14 submission by Wellmark, Incorporated. This is also a
15 pre-ACA rate increase filing.

16 And so with that, I'll turn back to you,
17 Ms. Sellmeyer, to present any testimony that you may
18 have as well as any comments that may have been
19 received to date.

20 MS. SELLMEYER: Thank you, Commissioner.

21 Wellmark, Incorporated, is seeking a
22 proposed average rate increase of 6.2 percent for
23 their pre-ACA grandfathered and transitional
24 policies. The 6.2 percent increase varies between
25 plans with a low of 4.5 percent and a high of 7.8

1 percent. The proposed increase covers approximately
2 33,000 Iowa lives. If approved, the proposed rate
3 increase would become effective on January 1, 2023.

4 As the amount proposed exceeds the most
5 current average annual health spending growth rate of
6 5.4 percent, the Consumer Advocate solicited comments
7 regarding those proposed increases.

8 But first, let's talk about the actuarial
9 process and what they found. Past loss ratios for
10 this block have averaged just under 85 percent over
11 the last seven years.

12 In the absence of a rate increase for the
13 calendar year 2023, the Iowa Insurance Division's
14 projected loss ratio is approximately 93 percent.

15 IID trend models justify a trend growth rate
16 of nearly 10 percent based upon a review of the per
17 member per month claims and adjusted calendar year
18 loss ratios.

19 With the high current loss ratios and the
20 consistent growth of claims, the Iowa Insurance
21 Division's 2023 projected loss ratio is approximately
22 87 percent after the 6.2 rate increase is
23 implemented.

24 After adjustments are made to account for
25 taxes, license, and fees in the Federally prescribed

1 Medical Loss Ratio formula, the Iowa Insurance
2 Division's 2023 projected Medical Loss Ratio is
3 nearly 91 percent after the increase is implemented.

4 In the event that MLR dips below 80 percent
5 with the revised rates over a three-year rolling
6 basis, affected Iowans could receive a rebate under
7 Federal law.

8 The average premium increase is around \$35 a
9 month and that is an average based upon all members,
10 all age groups, all benefit plans, and, again, all
11 regional--geographical regions within the state.

12 I did receive approximately 15 comments from
13 policyholders and members of the public. Like most
14 who are subject to proposed rate increases, the
15 comments, of course, focused on affordability. These
16 affected Wellmark pools have been receiving rate
17 increases every year to every other year, which has
18 led to some premiums ballooning from their original
19 rates and an overall rate increase fatigue.

20 One policyholder commented "This year when
21 we got the increase we almost cancelled. We are a
22 family of four. We have one grown son almost off our
23 insurance and one in college with three years to go.
24 My husband was a small business owner and he got out
25 early when a perspective buyer came along. We are

1 now living on our savings. He's 61, I'm 60.

2 "We are healthy people. We don't smoke, our
3 grown sons are healthy. We live conservatively in a
4 small town in northwest Iowa. Over \$35,000 for
5 insurance. A \$5,000 deductible. Nothing is covered
6 until we meet that. No prescriptions covered.

7 "Please don't increase. We cannot afford
8 it. We've worked hard all of our lives. When we get
9 the bill, it makes me physically ill. Do you pay
10 \$35,000 in insurance? How can small business owners
11 afford this? Is there something we can do to
12 decrease the amount? Please let us know. Maybe
13 we'll find an alternative or go back to work. This
14 letter totally ruined my day."

15 The rest of the 14 other comments have been
16 submitted to the Commissioner for his review and are
17 also on our website for the public's viewing.

18 The average--in summary, the average premium
19 increase before Federal subsidies is approximately
20 \$35 a month. This is an average based upon all
21 members, age groups, and benefit plans, all
22 geographical regions.

23 The comments received and posted by August
24 18th have been included in this testimony report as
25 required under Iowa Code, Section 505.19(3).

1 However, comments, again, may continue to be received
2 until the Commissioner has issued his final decision.

3 And that is the conclusion of my testimony
4 on Wellmark, Incorporated.

5 COMMISSIONER OMMEN: So, Ms. Sellmeyer,
6 before you go to public comments of individuals that
7 may be present or online, with regards to this
8 30--this group of 33,000 Iowans, that number
9 continues to decline. I guess my question with
10 regards to that number is was there anything in the
11 actuarial reports that suggest that there is this
12 impact of the Affordable Care Act and the
13 availability of other types of coverage that may be
14 impacting this pool as it continues to shrink?

15 MS. SELLMEYER: Yes. Thank you,
16 Commissioner.

17 There is--as I mentioned in my blanket
18 opening statement, there has been recent legislation
19 at the Federal level over the last three years that
20 have made the ACA policies more affordable. Thus,
21 with age and with people leaving the market--these
22 grandfathered policies and moving into the ACA
23 market, this is shrinking that pool which then the
24 rates do increase when your pool shrinks.

25 So I do, again, want to stress that anyone

1 with any of these grandfathered and transitional
2 policies, it may be worth talking to an
3 independent--or an insurance--licensed insurance
4 agent about their options under the ACA market. They
5 might be more affordable and their benefits might be
6 better.

7 COMMISSIONER OMMEN: All right. With that,
8 let's move to public comments, individuals who may be
9 here to testify. We'll begin with those that are in
10 the room.

11 Ms. Sellmeyer, are there any individuals in
12 the room--hearing room today that wish to offer
13 comment as policyholders of Wellmark, Incorporated?

14 MS. SELLMEYER: Yes, Commissioner. Mrs.
15 Johnson would like to speak on behalf of her son.

16 And you can stay right there to speak. The
17 microphone should pick you up.

18 MS. ROBERTA JOHNSON: This is my husband,
19 Wayne Johnson. I'm Roberta. We're farmers.

20 We employ our son because he's 82 years
21 old, so he plans on--our son plans on taking--but
22 until he does, he has to survive because he's 53
23 years old.

24 But, unfortunately, about 25 years ago he
25 got bone cancer and he's had a lot of medical issues

1 and had to go through a rebuilding of--most of his
2 one leg is metal. So every time he goes for a
3 checkup--he had surgery done on his leg 25 years ago.
4 He worked for Story Construction for seven years out
5 of Ames, Iowa, and he just happened to fall one day
6 and he called me, he says, "Mom, can you make an
7 appointment with a doctor--our doctor" in this small
8 town we live in. And I said, "Sure."

9 So, anyway, to make a long story short, he
10 just thought he had sprained his leg or broke a bone
11 or whatever, but the doctor in our town found out
12 that it looked very suspicious and called all three
13 of us in and unfortunately it was bone cancer.

14 So, anyway, he went through chemo and they
15 wanted to amputate his leg, but he was only 27 years
16 old so, you know, he did not want to lose a leg. So
17 our doctor said, who was in Iowa City, said, "Wait.
18 There's a new technology coming out that I think I
19 can rebuild your leg with metal," which he did. And
20 the outside of his leg looks normal and--with skin
21 and everything.

22 But his knee, they took out his knee, they
23 cut his femur bone in half, and his shin bone in half
24 and pounded in rods and attached them to an
25 artificial knee and he doesn't have to lose his total

1 leg. He's lost a lot of the inside.

2 But, anyway, we did not have insurance on
3 our son because he was working for us. We couldn't
4 afford insurance because he was--at that time he was
5 27-years-old and he had to go out and get a job
6 because we only farmed, I don't know, 500 acres.

7 So Story Construction luckily, when they
8 employ anybody, they also give them their insurance,
9 provides insurance for them. Well, in this case it
10 was a godsend because his medical bills were sky high
11 and so that--and then he no longer could do
12 construction work because Story Construction, they
13 build hospitals, schools, whatever, and--where was I
14 going with this?

15 But, anyway, we've found out that we could,
16 because he held the policy under Story Construction,
17 we could take out an individual policy, which we did,
18 and we've had that policy. Now he's 53. He was 27
19 when it happened. So he's held that from Wellmark,
20 and farming got a little bit better, we got a lot--we
21 got more land.

22 But, anyway, we pay all of his insurance.
23 He's single, never been married, no children, and for
24 nine years--I mean, we've had this policy for about
25 30, but I just looked up what I had paid from 2014 to

1 2022. His policy has increased over a thousand
2 dollars each year. And we got this letter that they
3 want to raise it 7.8 percent, you know, and I don't
4 think that's quite fair.

5 COMMISSIONER OMMEN: Thank you, ma'am.

6 MS. ROBERTA JOHNSON: Yeah, that's all I've
7 got to say because we've paid over--right now this
8 year we're paying \$13,120.80 for his policy, and him
9 alone, like I said.

10 COMMISSIONER OMMEN: Yeah. So since the--

11 MS. ROBERTA JOHNSON: I feel that's a lot.

12 COMMISSIONER OMMEN: Since the Affordable
13 Care Act was passed, the systems that were set up
14 provided assistance to many people, but I think the
15 consequence of that is that this particular plan is
16 really at a disadvantage and I'll just say that
17 frankly, it's been well-publicized. If you're in a
18 pre-ACA plan, the Affordable Care Act actually
19 prohibits the insurance company from adding any new
20 people into that plan.

21 Now, that may or may not have benefited by
22 adding new people into the plan, it may or may not
23 have helped keep these rates down. My expectation
24 is, as it's based on actuary reviews, it would have.
25 So--

1 MS. ROBERTA JOHNSON: So is this why the
2 increase is so great?

3 COMMISSIONER OMMEN: So what's happening is
4 that that pool every year is shrinking. It's still
5 stable. It's 33,000 Iowans that still avail themselves
6 of that coverage. But I think, as Ms. Sellmeyer
7 mentioned, I would just encourage every Iowan just
8 needs to talk to someone who understands the other
9 options that might be available and make a decision
10 as to what is best for the year of 2023. So...

11 MS. ROBERTA JOHNSON: Sir, I did go to our
12 insurance and she says, "Roberta, why don't we try to
13 get him on the Obama," but the only disadvantage is
14 it does not cover Rochester. It covers Iowa City,
15 but the doctor that he had originally is retired,
16 Dr. Buckwalter, and he says, "I trained this young
17 man, who is now working at Rochester."

18 Well, now his leg is starting to
19 disintegrate, the glue's coming undone and he'll have
20 to have it redone, but he'll have to go to Rochester
21 to get this done because this technique that
22 Dr. Buckwalter did, he trained this young man. He
23 works in Iowa City. They don't really do--there's
24 nobody--we were just there two weeks ago in Iowa City
25 visiting with Dr. Buckwalter and he told my son that

1 he should go to this intern since he was too old to
2 redo it, he doesn't do surgery.

3 COMMISSIONER OMMEN: Right.

4 MS. ROBERTA JOHNSON: He's more an advisor.

5 COMMISSIONER OMMEN: Yes. And that's--

6 MS. ROBERTA JOHNSON: So that's the one
7 thing I was telling her about. I hate to not keep it
8 because then I'd kind of be cutting him off from
9 getting this done, and this leg has lasted 29 years
10 and Dr. Buckwalter says, "Wait. I should write you
11 up because they usually do not last half that long,
12 let alone 29 years."

13 So I don't want to upset it or irritate that
14 leg so that will start that bone cancer.

15 COMMISSIONER OMMEN: So, again, that's--my
16 encouragement--there is a concern over rates, there
17 is also concern over the adequacy of the network and
18 the network that the plan--the particular plan
19 provides. So those are choices that you do have to
20 make as a family. I'm not able to--I wouldn't make
21 those decisions, obviously.

22 MS. ROBERTA JOHNSON: See, I don't know if
23 we could afford to pay out of our pocket--

24 COMMISSIONER OMMEN: Understood. That's--

25 MS. ROBERTA JOHNSON: --up at Rochester

1 because the cost up there is so terribly great.

2 COMMISSIONER OMMEN: So, again, those are
3 the options available. The Federal law prohibits
4 this pool from adding new people, and so those rate
5 increases, I expect you'll continue to see some of
6 those. This pool is actually stable. That price
7 increase is not out of the norm.

8 MS. ROBERTA JOHNSON: It isn't?

9 COMMISSIONER OMMEN: What has become the
10 norm. Unfortunately in this country, that's kind of
11 the norm.

12 MS. ROBERTA JOHNSON: 7.8 is the norm?

13 COMMISSIONER OMMEN: It's become that.
14 Again, this particular pool--this particular pool is
15 going to be a shrinking pool. I understand the
16 restrictions. I have no authority over that
17 provision because that's a Federal law and so for
18 us--for me it really is trying to understand what it
19 is--is the impact on individual consumers. I
20 appreciate your testimony, I will take that under
21 consideration.

22 MS. ROBERTA JOHNSON: Yeah.

23 COMMISSIONER OMMEN: Certainly I understand
24 and empathize with you and your family as you're
25 trying to make these choices.

1 MS. ROBERTA JOHNSON: Isn't the Commission's
2 job to kind of keep the insurance from going sky
3 high?

4 COMMISSIONER OMMEN: It is. That is the
5 job.

6 MS. ROBERTA JOHNSON: I mean, because
7 otherwise, no one will be able to afford it if they
8 keep allowing it.

9 COMMISSIONER OMMEN: Yes. Also my job is to
10 make sure that the people that are in that pool that
11 are being asked to pay premiums are paying adequate
12 premium to cover the costs so that you don't have
13 cost subsidization. That is, the insurance companies
14 have an obligation under the law to not charge other
15 customers more to cover the costs in--from one pool
16 of people to cover the costs in the other pool.

17 So I do look at the overall costs, that is
18 kind of the aggregate costs that are being received
19 in terms of claims by the insurance company, but
20 mostly I look at the impact of the claims in the
21 particular group of people, in this case the 33,000
22 Iowans that are grouped in this pool.

23 MS. ROBERTA JOHNSON: That are in my group?

24 COMMISSIONER OMMEN: Yes. Yes, ma'am. So,
25 again, thank you very much for your testimony and for

1 your comments here today.

2 Are there any other individuals who wish to
3 offer comments on the--through videoconferencing?

4 MR. FULLESTAD: I do not see any indication
5 with the virtual attendees.

6 COMMISSIONER OMMEN: All right. And, again,
7 for any of those that are appearing virtually or
8 otherwise, the record will remain open until such
9 time as I have considered all of the materials that
10 have been provided and do make a final decision on
11 this particular rate submission.

12 With that, the record will show that
13 Ms. Sellmeyer's comments, as well as Mrs. Johnson's
14 comments--

15 MS. ROBERTA JOHNSON: Thank you.

16 COMMISSIONER OMMEN: --are received into the
17 record.

18 With that we can now move to Wellmark Health
19 Plan of Iowa. Likewise, these are also pre-ACA
20 plans.

21 So with that, Ms. Sellmeyer, do you have any
22 additional information to offer with regards to
23 these--this plan?

24 MS. SELLMEYER: Yes. Thank you
25 Commissioner.

1 Wellmark Health Plan of Iowa is seeking a
2 proposed average rate increase of 7.8 percent on
3 their pre-ACA grandfathered and transitional
4 policies. The proposed increase covers all benefit
5 plans with most plans receiving 7.8 percent and one
6 plan receiving no increase.

7 Their proposal covers approximately 700 Iowa
8 lives. The proposed rate increase would become
9 effective on January 1, 2023, if approved.

10 As the amount proposed exceeds the most
11 current average annual health spending growth rate of
12 5.4, IID solicited comments regarding that proposed
13 increase.

14 But first let me go over the actuarial
15 findings so those are in the record. The past loss
16 ratios for this block have averaged just under 84
17 percent over the last seven years.

18 In the absence of a rate increase for the
19 calendar year 2023, the Iowa Insurance Division's
20 projected loss ratio is approximately 104 percent.

21 The Iowa Insurance Division trend models
22 justify a trend growth rate of 10 percent, or higher,
23 based upon a review of the per member per month
24 claims and adjusted calendar year loss ratios.

25 With the high current loss ratios and the

1 consistent growth of claims, the Iowa Insurance
2 Division's 2023 projected loss ratio is approximately
3 96 percent after the 7.8 percent rate increase is
4 implemented.

5 After adjustments are made for taxes,
6 license, and fees in the Federally prescribed Medical
7 Loss Ratio formula, the Iowa Insurance Division's
8 2023 projected Medical Loss Ratio is approximately
9 100 percent after the increase is implemented.

10 In the event that Medical Loss Ratio dips
11 below 80 percent over a three-year rolling basis,
12 affected Iowans could receive a rebate under Federal
13 law.

14 The average rate increase, premium rate
15 increase for this block of business is approximately
16 \$26 a month.

17 We did solicit public comments again on this
18 rate increase and we received two comments. Both
19 comments have been given to the Commissioner and I
20 will state one now. "I think really this increase is
21 unnecessary. Every year I hit a milestone Blue
22 Cross/Blue Shield increases my insurance. I feel
23 Blue Cross/Blue Shield is double-dipping in my
24 pockets and many others. Please don't allow this
25 increase to happen during a time of struggle for many

1 people in this country."

2 In summary, the average premium increase is
3 around \$26 a month. This is an average based upon
4 all members, all age groups, all benefit plans, and
5 all geographical regions.

6 The comments received and posted by August
7 18th have been given to the Commissioner per Iowa
8 Code, Section 505.19(3). And, again, the--
9 Commissioner, we will allow additional comments to be
10 received until the Commissioner issues his final
11 decision.

12 And that would be the end of my testimony on
13 Wellmark Health Plan of Iowa, sir.

14 COMMISSIONER OMMEN: Thank you,
15 Ms. Sellmeyer.

16 And, again, for those of you who may be
17 listening in, as well as anyone in the room, I know
18 we sometimes speak of Medical Loss Ratio and it
19 sounds, you know, maybe somewhat complicated. But a
20 Medical Loss Ratio of 100 essentially means the
21 insurance company is breaking even. When I say
22 "breaking even," I mean it's really not. There's
23 no--that's sort of the break even point in terms of
24 any sort of balance.

25 So it sounds to me, Ms. Sellmeyer, that at

1 least with this small block of 700, that's where this
2 company's at.

3 MS. SELLMEYER: That would be correct, sir.

4 COMMISSIONER OMMEN: All right. With that,
5 again, I appreciate the public comments. The record
6 will show that your public comments as well as any
7 written comments that have been received will be
8 received into the record.

9 With that, is there any representative from
10 Wellmark, Inc., or Wellmark Health Plan of Iowa that
11 wishes to offer any comment at this time?

12 (No response.)

13 COMMISSIONER OMMEN: Very well. Hearing
14 none, the record again will remain open if there are
15 additional comments to be received with regard to
16 Wellmark Health Plan.

17 With that, we'll now move to the next rates
18 that are being considered today and that is offer--or
19 the submission of a rate increase by Medica Insurance
20 Company, which is an ACA rate plan--rated plan.

21 And so with that, it's my understanding that
22 they did offer an increase or have submitted an
23 increase. And I apologize, I'm looking through my
24 notes here with regards to that increase.

25 Ms. Sellmeyer, what was their proposed

1 increase?

2 MS. SELLMEYER: Their proposed average rate
3 increase was 9.74 for that ACA block of business and
4 that would have affected 1,900 Iowa lives.

5 COMMISSIONER OMMEN: All right. It's also
6 my understanding that there is a representative of
7 Medica here today. There has been a request made to
8 ask for some additional time in which to offer and
9 receive public comment.

10 So at this point, I'll call upon Medica
11 Insurance Company. Are you here today?

12 MR. JAY McLAREN: Yes, Commissioner Ommen.

13 COMMISSIONER OMMEN: All right. Could you
14 just please identify yourself and offer a statement.

15 MR. JAY McLAREN: Absolutely.

16 Commissioner Ommen and Ms. Sellmeyer, thank
17 you for the opportunity to comment. My name is Jay
18 McLaren. I'm the vice-president of public policy and
19 government relations at Medica, which is a regional
20 nonprofit insurance company based in Minnesota.

21 Medica first entered Iowa's individual
22 health insurance market in 2016 and are proud to have
23 served Iowans in all 99 counties since that time.

24 By way of background on me, Commissioner and
25 Ms. Sellmeyer, I grew up in a small community in

1 southwest Iowa. My family's farmed in Fremont and
2 Page Counties since the 1890s. And for the record,
3 Commissioner, I will file no travel expenses
4 affiliated with attending today's hearing as I was
5 already scheduled to drop off my oldest son with my
6 parents yesterday and I stayed with my brother in
7 Grimes last night.

8 COMMISSIONER OMMEN: Actually, sir, I was
9 hoping to see you at the State Fair today.

10 MR. JAY McLAREN: You may see me there, but
11 that's not a business expense, Commissioner.

12 So, Commissioner, next, if I may, I'd like
13 to provide some context and background on the rate
14 increase Medica filed with the Insurance Division for
15 our individual ACA-compliant health insurance
16 products.

17 Under these proposed rates, members could
18 see a change in their premiums between 0 and 17.8
19 percent, depending on their plan design, network, and
20 place of residence. Within this range, as
21 Ms. Sellmeyer said, the average rate increase filed
22 was 9.7 percent.

23 We filed this change primarily to cover a
24 higher increase in medical inflation than we have
25 experienced in the past. Inflationary pressures are

1 being experienced throughout our economy, including
2 the health care sector, and these inflationary
3 pressures account for nearly two-thirds of the rate
4 increase filed with the Insurance Division.

5 The remainder of our rate increase is
6 connected to costs related with plan design and
7 networks filed for 2023. We recognize our members
8 are sitting around their kitchen tables deciding how
9 to pay for a variety of costs that are rising faster
10 than we've seen in decades. These are difficult
11 decisions for them and we do not take this action
12 lightly and the rate increase that we filed.

13 Second, Commissioner, I need to address the
14 reason our organization has received few or no
15 consumer comments in response to our proposed rate
16 increase.

17 Earlier this week as our organization was
18 deciding on how to attend or provide comments in
19 today's hearing, we learned we did not send a notice
20 to our members informing them of our proposed rate
21 changes in advance of today's hearing. We notified
22 the Division Commissioner of this oversight earlier
23 this week and we are working to send letters to our
24 members very soon informing them of their proposed
25 rate increases.

1 At this time we expect we can file a
2 notice--or send a notice to our members as early as
3 Friday, August 26th, providing them with specific
4 information on how we filed our rate increase and how
5 it would impact the family budgets.

6 In the interest of our members,
7 Commissioner, we respectfully request the Division
8 hold a hearing in late September to allow our members
9 the opportunity to provide the Division and the
10 public comment on our proposed rate increases.

11 We appreciate your consideration,
12 Commissioner, Ms. Sellmeyer. I deeply regret this
13 oversight on the part of our organization.

14 COMMISSIONER OMMEN: Thank you very much for
15 being here.

16 The record is open and I will begin going
17 over the materials that have been submitted to date.
18 Certainly I have a written statement from
19 Ms. Sellmeyer as well as the actuarial reports. I'll
20 begin my consideration of your request for a rate
21 filing. However, I would like to extend the
22 opportunity for the public to provide comment as well
23 as an opportunity, a date, to receive Ms. Sellmeyer's
24 comments.

25 So, again, I appreciate you being here

1 today. I think we can work out the arrangements in
2 order to get that set and certainly meet our
3 obligations here in Iowa, as well as comply with the
4 requirements that the Federal Government has imposed
5 upon us with regards to that--that review.

6 So, Ms. Sellmeyer, any further comment with
7 regards to Medica today?

8 MS. SELLMEYER: No. The only thing I'll
9 reiterate is that it will be open for public comment
10 once those letters go out and we will have another
11 hearing to discuss that. Thank you.

12 COMMISSIONER OMMEN: Jay, thank you for
13 appearing today and, you know, we will, again, give
14 your request careful consideration but it's important
15 for me to hear from your members as well. So thank
16 you.

17 MR. JAY McLAREN: Thank you, Commissioner.

18 COMMISSIONER OMMEN: All right. With that,
19 let's move to the last submission that is on our
20 docket today, and that is a rate submission--rate
21 increase submission by Oscar.

22 This is Oscar Insurance Company. This is
23 also an ACA rate increase. So with that, we'll
24 receive any comment that you may have, Ms. Sellmeyer,
25 based upon your review of the rate increase, as well

1 as any comments that have been received from the
2 public.

3 MS. SELLMEYER: Thank you, Commissioner.

4 Oscar Insurance Company has proposed an
5 average of 5 percent increase for their individual
6 ACA blocks of business. The proposal covers all
7 benefit plans with some plans receiving a rate
8 increase of 1--a decrease, sorry, a decrease of 1.7
9 percent, and others receiving up to an increase of
10 9.8 percent.

11 While there are approximately 3,100 Iowa
12 lives receiving a rate increase for this proposal,
13 just under 1,000 Iowa lives are subject to this
14 hearing. For 2023, only rate increases above the 5.4
15 are subject to that hearing, that's why that number
16 is different.

17 Therefore 64--sorry--67 percent of the
18 policies, 2,100 lives, are policies that fall below
19 the hearing threshold of 5.4 percent. If approved,
20 the proposed rate increase would become effective
21 January 1, 2023.

22 And I will go over the actuarial process
23 that is similar to the other policies that we have
24 talked about and then I will offer up public comment.

25 Past Iowa loss ratios for this block has

1 averaged just under 77 percent over the last 12
2 months. The past U.S. loss ratios for this block
3 have averaged just under 93 percent over the last
4 seven years.

5 In the absence of a rate increase for the
6 calendar year 2023, the Iowa Insurance Division's
7 projected loss ratio is just under 88 percent.

8 Iowa Insurance Division trend models justify
9 a trend growth rate of 8 percent based upon a review
10 of their per member per month claims and adjusted
11 calendar year loss ratios. This is primarily the
12 result of reviewing Oscar's U.S. experience since
13 they've only been in the market here for, I believe,
14 a year. As a matter of practice, we utilized 5.4
15 percent, the CMS growth rate, in the projection
16 models as a safe harbor input.

17 The Iowa Insurance Division's 2023 projected
18 loss ratio is 83.7 percent after the 5 percent rate
19 increase is implemented.

20 After adjustments are made to account for
21 taxes, license, and fees in the Federally prescribed
22 Medical Loss Ratio formula, the Iowa Insurance
23 Division's 2023 projected MLR is 87 percent after the
24 5 percent increase is implemented.

25 In the event the MLR dips below 80 percent

1 with the revised rates after a three-year rolling
2 basis, affected Iowans could receive that
3 Federally--that rebate under Federal law.

4 The average premium increase, before Federal
5 subsidies, is around \$29 a month. This is an average
6 based upon all members, all age groups, all benefit
7 plans, all geographical regions.

8 I did receive 11 comments based on this rate
9 review from policyholders and members of the public.
10 Like most who are subject to the proposed rate
11 increases, the comments focused on affordability but
12 also network adequacy issues. One policyholder
13 commented "I am very opposed to an increase in
14 premium. I did have Medica but switched to Oscar
15 because it appeared to have equal or similar coverage
16 with a lower premium with a \$7,000 deductible.
17 However, after scheduling an appointment with a new
18 doctor in my hometown, I was informed that the
19 hospital/clinic there does not have a contract with
20 Oscar so my insurance would do me no good.

21 "What good does it do for me to pay \$154 a
22 month for insurance that does not"--"that does me
23 absolutely no good?"

24 In summary, the average premium increase
25 before Federal subsidies is approximately \$29 a

1 month. This is an average based upon all members,
2 all age groups, all geographical regions.

3 Again, the comments that have been received
4 have been given--as of August 18th have been given to
5 the Commissioner and comments will continue to be
6 taken until the Commissioner receives--or files his
7 final decision on this matter.

8 Thank you and that is the close of my
9 comments on Oscar. I do believe we have a company
10 representative on the phone as well.

11 COMMISSIONER OMMEN: All right. Before we
12 give the company representative an opportunity, are
13 there any other individuals who wish to offer
14 comments as policyholders of Oscar Insurance Company?

15 (No response.)

16 COMMISSIONER OMMEN: Todd, are there any
17 indications?

18 MR. FULLESTAD: I don't see anyone.

19 COMMISSIONER OMMEN: Seeing there's no
20 indications from anyone else that is appearing
21 publicly through the videoconferencing, I'll now call
22 upon a representative of Oscar Insurance Company,
23 should they wish to make any additional comment.

24 MR. CARTER KNIGHT: Hello. My name is
25 Carter Knight. I am an associate actuary for Oscar

1 and we have no additional comments on this rate
2 hearing.

3 COMMISSIONER OMMEN: Thank you, Mr. Knight,
4 for being here.

5 And with that, Ms. Sellmeyer's comments will
6 be received into the record as well as any of the
7 comments that she's incorporated from individuals--
8 individual members of the public.

9 With that, again, a reminder to all of you
10 that the record will remain open should there be any
11 additional comments to be received until such time as
12 I render a decision, and that information is
13 available on our website at Iowa--or at IID.Iowa.gov.

14 So with that, thank you, all of you, for
15 being in attendance. I will share with you again
16 personally the health insurance market is of great
17 concern to me personally. Obviously, you know, the
18 work that we do alongside regulators and policy--
19 public policymakers at the Federal level is really
20 important for us as we try to provide coverage for
21 people here in Iowa.

22 But thank you so much for those of you who
23 joined us today, for being in attendance, and with
24 that I think the hearing is adjourned.

25 So thank you for all of that and we will go

1 off the record. Have a good day.

2 MR. WAYNE JOHNSON: Thank you.

3 MS. ROBERTA JOHNSON: Thank you.

4 COMMISSIONER OMMEN: Thanks for being here.

5 (Proceedings adjourned at 9:57 a.m., until 5
6 p.m., Monday, September 26, 2022.)

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C E R T I F I C A T E

I, the undersigned, a Certified Shorthand Reporter of the State of Iowa, do hereby certify that I acted as the official court reporter at the hearing in the above-entitled matter at the time and place indicated;

That I took in shorthand all of the proceedings had at the said time and place and that said shorthand notes were reduced to typewriting under my direction and supervision, and that the foregoing typewritten pages are a full and complete transcript of the shorthand notes so taken.

Dated at Des Moines, Iowa, this 12th day of September, 2022.


CERTIFIED SHORTHAND REPORTER

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